

# ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☒ yes

☐ no

☒ Mr. Artist

MICHAEL KELLERS

(Last Name Last)

Permanent

Address

2243 HARDCOURT DR. CLEVELAND, OHIO

Street

City

44106

Zip

Tel. ( )

382-4583

Area Code

Temporary or  
Studio Address

Street

City

Tel. ( )

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in?

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 18, 1980.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

MICHAEL KELLERS

